

November 3, 2011

ANSWER

Dear Sirs,

(i)-Caption setting.....

Name of Bankruptcy Court:

- UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

Name of Debtors:

Lehman Brothers UK Capital Funding V LP

Lehman Brothers Holding Inc. Et al.

Case Number:

Nº 08-13555(JMP)

Title of the objection:

Notice of Hearing of Debtors Two Hundred Fourteen Omnibus Objection to Disallow and Expurge certain filed proofs of Claim.

(ii) Name of the Claimant:

BESSIO, MIRTA

Description of the basis for the amount of Claim:

Claim Number 474444

Data Filed 10/26/2009

Debtor: 08-13555

Classification and amount: \$80,000.00

(iii)

Looking for good and safe savings for my near retirement, I bought these Bonds, on good faith, as they were offered to me by ABN-AMRO (now SANTANDER), in Uruguay, as they told me it was one of the most secure Bonds in the market, because:

-1) At that time the instrument and the issuer, Lehman Brothers had the best qualifications by the main Qualification Agencies.

-2) The instrument was listed in the New York Stock Exchange and had fulfilled the requisites of the Stock Exchange and the Security Exchange Commission (SEC).

-3) The instrument was been operated in the main financial platforms of the world (Bloomberg, Reuters, etc.), as a real proof of its existence and characteristics of the instrument.

(iv) – The claim Number 47444, was filed on 10/26/2009, by means of SANTANDER BANK of URUGUAY. See attached copy

(v) Address: BERUTI 2485-Piso 14., Buenos Aires, CP 1117, Argentina



(vi)

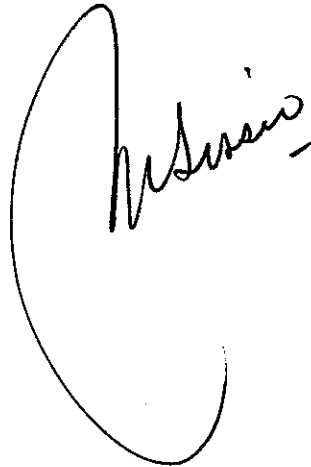
Name: BESSIO MIRTA


Address: BERUTI 2485-Piso 14., Buenos Aires, CP 1117, Argentina

Telephone number 54-11-4822.0597

As my place of residence is Buenos Aires City, Argentina, I will not participate in the hearing to be held on the Objection and may participate by telephone.

Best regards

A handwritten signature in black ink, appearing to read "Mirta Bessio", is written over a large, faint, circular outline that serves as a placeholder for a stamp or seal.

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.		Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	
Note: This form may not be used to file a claim for a claim that is based on a Lehman Programs Security that is not listed on the http://www.usbankruptcyclaims.com/08-13555/		Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000047444 	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) MIRTA BESSIO BEAUTI 2485 - PISO 14. BUENOS AIRES (CP1117) ARGENTINA		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Telephone number: 4822.0597 Email Address: mbessio@arnet.com.ar Name and address where payment should be sent (if different from above) BANK: ABNAUS 33XXX (ABN AMRO BANK N.Y.-NEW YORK) ACCOUNT: 673001209241 IND: ABNAUVM - BANCO SANTANDER S.A. (EX-ABN AMRO)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: _____ Email Address: _____			
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p> <p>Amount of Claim: \$ 80.000- (Required)</p> <p><input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.</p>			
<p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p> <p>International Securities Identification Number (ISIN): XS0301813522 (Required)</p>			
<p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p> <p>Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: CA90241 (Required)</p>			
<p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p> <p>Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: ACC. N° 79.893 (Required)</p>			
<p>5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.</p>			
Date: Oct. 2, 2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. MIRTA C. BESSIO		
<p>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571</p> <p>FOR COURT USE ONLY FILED / RECEIVED OCT 27 2009 EPIC BANKRUPTCY SOLUTIONS, LLC FILED / RECEIVED</p>			